

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CAREY MANOR (310323)

Address: 10628 22ND AVE, PLEASANT PRAIRIE, WI 53158

License Status: REGULAR

Licensed/Certified/Registered 12/01/1995

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0094754 **End Date:** 04/12/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008807 Served 05/18/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
---------------------------	---------------------	--------------------------------	------------------

Survey ID: 0093018 **End Date:** 07/22/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008732 Served 08/04/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	04/12/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/12/2005	Yes
83.14(3)(a)	NOT SUPERVISED BY RN OR PHARMACIST	04/12/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	04/12/2005	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/12/2005	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/12/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 05/13/2005 SOD #10008807 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.17(3)(b)1
FORFEITURE---83.43(5)(a)

Date: 07/28/2004 SOD #10008732 Appealed: Yes Decision: DISMISSED

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.14(3)(a)
FORFEITURE---83.33(3)(e)5
FORFEITURE---83.43(3)(b)1

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 09/07/2004

Date Investigation Completed: 04/12/2005

Subject Area(s)

RESIDENT RIGHTS
ADMISSION, TRANSFER & DISCHARGE
ADMINISTRATION

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10008807

Date Complaint Received: 04/19/2004

Date Investigation Completed: 07/07/2004

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/03/2004

Date Investigation Completed: 07/07/2004

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.